

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | |
|---|-------------------------------|-------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | PHUS020555 |
| | First Named Inventor | SALEH OSMAN |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRESERVING LINEARITY OF AN ISOLATOR-FREE POWER AMPLIFIER BY
DYNAMICALLY SWITCHING ACTIVE DEVICES

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|---|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|---|--------------------|----------------------------------|--|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <div>*24737*</div> | OR | <input checked="" type="checkbox"/> Correspondence address below |
| Philips Electronics North America Corporation | | | | | |
| Name | | | | | |
| P.O. BOX 3001 | | | | | |
| Address | | | | | |
| BRIARCLIFF MANOR | | NY | 10510 | | |
| City | | State | ZIP | | |
| U.S.A. | | (914) 945-6000 | (914) 332-0615 | | |
| Country | | Telephone | Fax | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | SALEH | | Family Name or Surname | |
| | | | | OSMAN | |
| Inventor's Signature | | | | Date | |
| NORWOOD | | MA | USA | GREAT BRITAIN | |
| Residence: City | | State | Country | Citizenship | |
| 2906 VILLAGE ROAD WEST | | | | | |
| Mailing Address | | | | | |
| NORWOOD | | MA | 02062 | USA | |
| City | | State | Zip | Country | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | RICHARD F. | | Family Name or Surname | |
| | | | | KEENAN | |
| Inventor's Signature | | | | Date | |
| MEDWAY | | MA | USA | USA | |
| Residence: City | | State | Country | Citizenship | |
| 280 VILLAGE STREET UNIT G1 | | | | | |
| Mailing Address | | | | | |
| MEDWAY | | MA | 02053 | USA | |
| City | | State | Zip | Country | |
| <input type="checkbox"/> Additional inventors are being named on the 1 ST PAGE, supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

Please type a plus sign (+) inside this box 

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|--|--------------------|---|-----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| JAROSLAW | | LUCEK | |
| Inventor's Signature <i>X Jaroslaw Lucek</i> | | Date <i>X 12-4-03</i> | |
| Residence: City <i>CUMBERLAND GREENSBORO</i> | State <i>RI NC</i> | Country USA | Citizenship USA |
| Mailing Address <i>40 GREEN MEADOW LANE 307 TOWER LN</i> | | | |
| Mailing Address | | | |
| City <i>CUMBERLAND GREENSBORO</i> | State <i>RI NC</i> | ZIP <i>02864 27410</i> | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | |
|---|--------------------------|-------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | PHUS020555 |
| | First Named Inventor | SALEH OSMAN |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRESERVING LINEARITY OF AN ISOLATOR-FREE POWER AMPLIFIER BY DYNAMICALLY SWITCHING ACTIVE DEVICES

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|--|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

| | | | | | |
|--|--|--|---|----------------------|--|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | *24737* | OR | <input checked="" type="checkbox"/> Correspondence address below |
| Philips Electronics North America Corporation | | | | | |
| Name | | | | | |
| P.O. BOX 3001 | | | | | |
| Address | | | | | |
| BRIARCLIFF MANOR | | NY | | 10510 | |
| City | | State | | ZIP | |
| U.S.A. | | (914) 945-6000 | | (914) 332-0615 | |
| Country | | Telephone | | Fax | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| SALEH | | | OSMAN | | |
| Inventor's Signature | | | | Date | |
| NORWOOD | | MA | USA | GREAT BRITAIN | |
| Residence: City | | State | Country | Citizenship | |
| 2906 VILLAGE ROAD WEST | | | | | |
| Mailing Address | | | | | |
| NORWOOD | | MA | 02062 | USA | |
| City | | State | Zip | Country | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| RICHARD F. | | | KEENAN | | |
| Inventor's Signature <i>R. F. Keenan</i> | | | | Date <i>K 3/5/04</i> | |
| MEDWAY | | MA | USA | USA | |
| Residence: City | | State | Country | Citizenship | |
| WHITINSVILLE | | | | | |
| 280 VILLAGE STREET UNIT G1 | | | | | |
| Mailing Address | | | | | |
| MEDWAY | | MA | 02053 | USA | |
| City | | State | Zip | Country | |
| WHITINSVILLE | | | 01588 | | |
| <input type="checkbox"/> Additional Inventors are being named on the 1 ST PAGE supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|--|------------|---|-----|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| JAROSLAW | | LUCEK | |
| Inventor's Signature | | Date | |
| Residence: City | CUMBERLAND | State | RI |
| Country | USA | Citizenship | USA |
| Mailing Address 40 GREEN MEADOW LANE | | | |
| Mailing Address | | | |
| City | CUMBERLAND | State | RI |
| ZIP | 02864 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| Zip | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| Zip | | Country | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.